

DELINEATION OF PRIVILEGES - EMERGENCY MEDICINE For use of this form, see AR 40-68; the proponent agency is OTSG <i>(DA Form 5504A-R Must be Completed and Attached to this Form)</i>		REQUESTED BY		DATE		
Assignment of clinical privileges will be based on education, clinical training, experience and demonstrated competence. Check appropriate category and desired privileges.		RECOMMENDATIONS BY DEPT./SVS. CHIEF				
		APPROVED WITHOUT LIMITATION	APPROVED REQUIRED QUAL. SUPRV.	APPROVED WITH MODIFICATIONS	NOT APPROVED	NOT APPD. LACK MTF/MSN SUPPORT
Category I. Is partially trained in the specialty or has acquired skills in the specialty through interest and experience. Will obtain consultation before treating all but routine conditions or performing other than simple diagnostic or therapeutic procedures.						
a. Minor lacerations						
b. Minor respiratory illness; ENT illness.						
c. Minor gastrointestinal illness.						
d. Minor burns.						
e. Minor musculoskeletal trauma.						
f. Minor dermatologic illness without systemic involvement.						
g. Minor GYN problems excluding gravid patients.						
h. Detection of major abnormalities on X-rays.						
i. Peripheral intravenous access.						
Category II. Eligible for certification, or fulfilling a practice time requirement established by the specialty board for gaining certification. May act independently in most circumstances, provide consultations, and supervise trainees. However, will see advice and consultation on complex cases.						
a. Major lacerations involving more than one layer of closure.						
b. Acute respiratory illnesses including acute respiratory failure in the ER setting.						
c. Gunshot wounds or knife injuries excluding chest or neck						
d. Acute cardiac emergencies including cardiac failure, myocardial infraction, and cardiac arrhythmias.						
e. Poisoning.						
f. Near drowning.						
g. Arthrocentesis.						
h. Thermal injuries and possible related inhalation injury.						
i. Patients with altered consciousness.						
j. Management of routine ER administrative matters.						
k. Severe head and neck trauma						
l. Minor abscesses, thrombosed hemorrhoids, infected ingrown nails.						
m. Caustic ingestions.						
n. Chemical or nuclear injury.						
o. Management of rape or sexual assault victims.						
p. Initial management of suspected cervical spine injury.						
q. Placement of nasogastric tubes.						
r. Acute psychiatric illness, suicidal patients.						
s. Alcohol and drug overdose and withdrawal syndromes.						
t. Multiple trauma victims.						
u. Critically burned patient.						